

NAYANALAYA

SUPER SPECIALITY EYE CARE CENTRE *Reg. 18/10/2022*



Dr. K. SHRIDHAR

Medical Director
Consultant Eye Surgeon
(Melb. Sydney, Australia)

KMC No. 18503

TEL APPOINTMENT 080 23340414 / 9164191671
10-00a.m. to 12-30p.m. & 5 p.m. to 8 p.m.
SATURDAY EVENING & SUNDAY HOLIDAY
Instagram : nayanalaya

260/1, ABHIRAM, NEAR 17TH Cross,
SAMPIGE ROAD, MALLESWARAM
BENGALURU - 560 003.
E-mail : nayanalaya@gmail.com
www.nayanalaya.com

EYE CLINIC, DIABETIC EYE CARE AND LASER CENTRE

Name Bindee Age 50 yr Date 01/05/24
for routine eye checkup *No 170 0m/147W*

Vn 9/6
6/6
near
pupils 6mm
lens clear
normal
T.C 15
16mmHg

Lat pup
70'
6/R - 0.25 - 0.50
6/L - 0.25 - 0.50
add +0.25

	RE/Vn C1	LE/Vn C2
Sph	+0.25	
Cyl	-0.75	none
	25	
	+1.75	
	Near / Dist.	
	of Lens <i>not 1239 D. G. S. cat</i>	

[Signature]

Facilities : Laser Surgery, Cornea Grafting, Contact Lenses, Micro Surgery Etc.,
Lasik Laser by World's Best Allegretto Wavefront Lasik Laser System From Germany
PLEASE PRESERVE THIS DOCUMENT & BRING IT DURING EVERY VISIT

SMALL - INCISION - NO STITCH - DROP SURGERY
PHACOEMULSIFICATION CATARACT SURGERY

DIRECTOR & LASIK LASER SPECIALIST
(Trained in Germany)
JYOTHI - THE LASIK VISION CENTRE

S/B Dr. Santhosh P
Brindu / 50 yrs / Female

1/5

case history noted

h/clo ① orthostatic / postural dizziness x 2 yrs.

- no DM / no HTN

- no other known comorbidities

② h/clo primary hypothyroidism

on LT4 62.5 µg
1/20

. empty stomach
. 1 hour gap.

ECG: low voltage complexes
sinus bradycardia

- no salt craving

- no palpitations

SpO₂ = 110% on air



NAME : Mrs. BINDU P
AGE / SEX : 50 Yrs / Female
REFERRED BY : SELF
REF CENTER : UNION BANK

REG / LAB NO. : 24050008 / 27508
DATE OF REPORT : 01-05-2024 at 05:13 PM

BILATERAL MAMMOGRAM (CC AND MLO VIEWS)

Indication : Diagnostic.

Class of breast parenchyma: Type II. Dense breast , Suboptimal for mammographic evaluation.

Breast symmetry : Symmetrical

Focal lesions:

Right breast:
Dense breast , suboptimal for mammographic evaluation.
Correlative sonomammogram shows no focal nodular lesions.

Left breast:
Dense breast , suboptimal for mammographic evaluation.
Correlative sonomammogram shows no focal nodular lesions.

Calcification : Suboptimal for evaluation due to dense breast.

Skin : Normal.

Areola : Normal.

Axilla : Small lymphnodes noted in bilateral axilla.

IMPRESSION:

. BI RADS category - I both breasts.

Dr. Shylaja Swami. DMRD, DNB
Consultant Radiologist

BI-RADS Assessment categories

- Category: 0 – Needs additional imaging evaluation.
- Category: 1 – Negative.
- Category: 2 – Benign finding.
- Category: 3 – Probably benign finding – Short interval follow up suggested.
- Category: 4 – Suspicious abnormality – Biopsy should be considered.
- Category: 5 – Highly suggestive of malignancy – Appropriate action should be taken.



NAME : Mrs. BINDU P
 AGE/SEX : 50 Yrs / Female
 REFERRED BY : Dr. UNION BANK
 SOURCE : ISHA MALLESHWARAM.

REG/LAB NO : 24050014 / 272979
 DATE OF COLLECTION : 01-05-2024 at 09:52 AM
 DATE OF REPORT : 01-05-2024 at 12:21 PM



TEST PARAMETER	RESULT	REFERENCE RANGE
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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC) WITH ESR *

Haemoglobin (Hb) <small>(Automated)</small>	12.4 gm/dl	11.5 - 16.5 gm/dl
Red Blood Cell Count (RBC) <small>(Automated)</small>	4.4 million/cumm	3.8 - 6 million/cumm
Packed Cell Volume (PCV) <small>(Automated)</small>	35.7 %	36 - 47 %
MCV <small>(Calculated)</small>	81.8 fl	80 - 95 fl
MCH <small>(Calculated)</small>	28.5 pg	26 - 34 pg
M.C.H.C	34.9 %	31 - 38 %
Platelet Count <small>(Automated) Microscopy</small>	2.14 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
Total Count (TC) <small>(Automated)</small>	8290 cells/cumm	4000 - 11500 cells/cumm 1 day - 2 days : 10000-26000 3 days - 1 year : 6000 - 18000 1 year - 6 years : 5000 -15000 6years -12 years :4500 -13500

DIFFERENTIAL COUNT

Neutrophil	64.3 %	40 - 75 % 1day - 7days: 50 - 75 8days- 8 years:30 - 40
Lymphocytes	30.0 %	20 - 40 % 1day - 7 days: 20 - 30 8days- 8years:50-75
Monocytes	4.3 %	2 - 12 %
Eosinophils	1.0 %	0 - 6 %
Basophils	0.4 %	0 - 2 %
ESR <small>(Ussing Modified Westergren)</small>	69 mm/hr	0 - 20 mm/hr

Dr. JAYAPRAKASH, H.T
MD (Path)

Results relate to the sample tested, kindly correlate clinically.

311, Sampige Road, Between 15th & 16th Cross, Malleshwaram, Bengaluru - 560 003.
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Email : ishadiagnostics@gmail.com Website : www.ishadiagnostics.com



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TEST PARAMETER	RESULT	REFERENCE RANGE
BLOOD GROUP	"O"	
RH TYPE	POSITIVE	

BIOCHEMISTRY

LIVER FUNCTION TEST (LET) *

Total Bilirubin <i>Bilirubin (total)</i>	0.49 mg/dl	0 - 1 mg/dl Newborn, premature : 0 - 1 days 1.0 - 8.0 mg/dl 1-2 days 6.0 - 12.0 mg/dl 3-5 days 10.0 - 14.0 mg/dl
Direct Bilirubin <i>Bilirubin (direct)</i>	0.29 mg/dl	0 - 0.3 mg/dl
Indirect Bilirubin <i>Bilirubin (indirect)</i>	0.20 mg/dl	
Aspartate Amino Transferase (SGOT) <i>Aspartate transaminase</i>	9.78 U/L	0 - 31 U/L
Alanine Amino Transferase (SGPT) <i>Alanine transaminase</i>	39.85 U/L	0 - 31 U/L
Alkaline Phosphatase [ALP] <i>Alkaline phosphatase</i>	83.35 IU/L	20 - 116 IU/L
Total Protein <i>Protein (total)</i>	7.10 g/dl	6.4 - 8.3 g/dl
Albumin <i>Albumin (total)</i>	3.84 g/dl	3.5 - 5 g/dl
Globulin <i>Globulin (total)</i>	3.3 g/dl	2.3 - 3.5 g/dl
A/G Ratio	1.2	1.5 - 2.5
Gamma Glutamyl Transferase (GGT) <i>Gamma-GT (GGT)</i>	19.59 U/L	0 - 38 U/L

Dr. Nataraj B

MBBS, MD

Consultant Biochemist KMC (GSS)

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TEST PARAMETER	RESULT	REFERENCE RANGE
LIPID PROFILE (LP) *		
Cholesterol Total <i>Enzymatic Endpoint Method</i>	205.62 mg/dl	0 - 200 mg/dl Borderline: 200 - 239 mg/dl High: more than 240
Triglycerides TGL <i>(HTP)</i>	185.33 mg/dl	0 - 150 mg/dl Borderline-high: 150 - 199 High: 200 - 499 Very High: \geq 500
HDL Cholesterol <i>Direct Method</i>	56.56 mg/dl	42 - 88 mg/dl
LDL Cholesterol <i>Direct Enzymatic</i>	155.82 mg/dl	0 - 130 mg/dl Borderline High: 130-159 High: 160-189 Very High: $>$ 190
VLDL Cholesterol <i>Calculated</i>	37.1 mg/dl	25 - 40 mg/dl
LDL / HDL Ratio	2.8	$<$ 5 : 1

1. Measurements in the same patient can show physiological and analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.

Dr. Nataraj B

MBSMD

Consultant Biochemist KMC, BIRL

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TEST PARAMETER	RESULT	REFERENCE RANGE
Uric Acid (UA) <i>(Creatinine, Colorimetric Method)</i>	2.81 mg/dL	2.6 - 6 mg/dL
Blood Urea Nitrogen (BUN) <i>(Creatinine)</i>	8.5 mg/dl	0-1 week 3-25 mg/dl 1 week to 1 year 4-19 mg/dl 1-12 years 5-18 mg/dl 12-60 years 6-20 mg/dl 60-90 years 8-23 mg/dl

Dr. Nataraj B

M.D.S. MD

Consultant Biochemist KMC #3353

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TEST PARAMETER	RESULT	REFERENCE RANGE
HbA1c (Glycosylated Hb) <i>(with normal HPLC)</i>	5.25 %	Normal : less than 5.7 Prediabetes : 5.7 – 6.4 Diabetes-6.5 and more Diabetes Good Control : less than 7 Poor Control : more than 7 90 -120 mg/dl 121-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value
Mean Blood Glucose	103.6 mg/dl	

NOTE : Any condition altering red cell life will alter the GHB values. Low Hb% values may not correlate with GHB. GHB value should not be taken as a sole criteria for diagnosis. GHB gives average Blood Glucose level for the period of 10 - 12 wks & it need not correlate with blood glucose level.

Dr. Nataraj B

MBBS MD

Consultant Biochemist KMC, BSSS

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TEST PARAMETER	RESULT	REFERENCE RANGE
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HORMONE ASSAYS

THYROID PROFILE (T3, T4, TSH)*

Triiodothyronine(T3) <small>(Cholesterol-free)</small>	0.65 ng/mL	Newborn:1.0 - 7.0 ng/ml. <1Year :1.0 - 2.4 ng/ml. <10 Years :0.9 - 2.4 ng/ml. Adults:0.58-1.59 ng/ml. >60 Years :0.4 - 1.8 ng/ml.
Thyroxine(T4) <small>(Cholesterol-free)</small>	12.14 ug/dL	Newborn:11.8 - 22.6 ug/dL. <1 Year :7.8 - 16.5 ug/dL. <10 Years:6.4 - 13.3ug/dL. Adult: 4.87-11.72ug/dL. >60 Years:5.0 - 10.7 ug/dL.
Thyroid stimulating hormone(TSH) <small>(Cholesterol-free)</small>	4.45 µIU/ml	0-3 days: 1.0-39.0 µIU/ml. 3days -30days :1.0-6.5 µIU/ml. 1Month -6Months :0.5-6.0 µIU/ml. 6Month - 18 years :0.5-4.5 µIU/ml. Adults : 0.35-4.94 µIU/ml. >60 Years:0.5 - 8.9 Pregnancy: 1st Trimester:0.1 - 2.50 µIU/mL . 2nd Trimester:0.2 - 3.0 µIU/mL . 3rd Trimester:0.3 - 3.0 µIU/mL.

Results of TSH vary nearly 50%, due to circadian variation. Peak values are seen between 2 - 4am and minimum between 6 - 10pm. Assay methods also contribute to variation in results. Factors such as: Change of seasons, Hormonal fluctuations, Ca or Fe supplements, High Fibre diet, potency fluctuations, stress & illness, few of the prescription drugs etc. affect TSH results. Ref: Turk J Med Sci 2008 ;38(2) : 153-158. <http://www.thyroid-info.com/articles/tsh-fluctuating.htm>

Dr. Nataraj B

MBBSMD
 Consultant Biochemist, KMC, 63382

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TEST PARAMETER	RESULT	REFERENCE RANGE
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CLINICAL PATHOLOGY

COMPLETE URINE ANALYSIS *

PHYSICAL EXAMINATION

Color	Pale Yellow	
Appearance	Clear	Clear/Transparent
Specific gravity <small>(Medical/Physico-chemic/Basic Concentration)</small>	1.030	
Reaction (pH) <small>(Medical/Physico-chemic/Culture Indication)</small>	6.0	4.6 - 8

CHEMICAL EXAMINATION

Glucose <small>(Medical/Physico-chemic/Ferrissol/Glucose Oxidant)</small>	Nil	NIL
Proteins <small>(Medical/Physico-chemic/precipitate-urine/indication)</small>	Nil	
Bile Salts <small>(Medical/Physico-chemic/Ho's Test)</small>	Absent	Absent
Bile pigments <small>(Medical/Physico-chemic/Fouchet's Test)</small>	Absent	Absent
Ketones <small>(Medical/Physico-chemic/Barbitol Test)</small>	Absent	Absent

MICROSCOPY

PLS (WBC) Cells <small>(Medical/Microscopy)</small>	3 - 4 /hpf	0 - 5 /hpf
RBC Cells <small>(Medical/Microscopy)</small>	Nil	0 - 2 /hpf
Epithelial Cells <small>(Medical/Microscopy)</small>	2 - 3 /hpf	0 - 8 /hpf
Casts <small>(Medical/Microscopy)</small>	Nil	NIL
Crystals <small>(Medical/Microscopy)</small>	Nil	NIL
Others (Yeast & Bacteria) <small>(Medical/Microscopy)</small>	Nil	NIL

FASTING URINE SUGAR	NIL	
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Dr. JAYAPRAKASH H.T
 MD (Path)





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AGE/SEX : 50 Yrs - Female
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REG.LAB NO : 24050014 / 272979
DATE OF COLLECTION : 01-05-2024 at 09:52 AM
DATE OF REPORT : 01-05-2024 at 01:17 PM



TEST PARAMETER RESULT REFERENCE RANGE

BIOCHEMISTRY

Post prandial blood sugar
(140-200) 104.35 mg/dl 70 - 140 mg/dl
Prediabetes : 140 -200
Diabetes : 200 and more

>or = 200	Diabetic	It's a group of metabolic disorders characterized by a high blood sugar level over a prolonged period of time
140 - 200	Pre Diabetic levels	That blood glucose is raised beyond normal, but not high enough to warrant a diabetes diagnosis.
70 - 140	Normal	The American Diabetes Association recommends a routine screening for type 2 diabetes. If the results are normal, the screening should be repeated every 3 years.

Dr. Nataraj B

MBBS,MD

Consultant Biochemist KMC, B3/B3

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 REFERRED BY : Dr. UNION BANK
 SOURCE : ISHA MALLESHWARAM.

REG LAB NO : 24050014 / 272979
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 DATE OF REPORT : 01-05-2024 at 01:17 PM



TEST PARAMETER	RESULT	REFERENCE RANGE
Fasting blood sugar <small>(Gluco-125)</small>	78.43 mg/dl	70 - 100 mg/dl Prediabetes : 100- 125 Diabetes : 126 and more

70-125	Diabetic	It's a group of metabolic disorders characterized by a high blood sugar level over a prolonged period of time.
100-125	Pte Diabetic levels	That blood glucose is raised beyond normal, but not high enough to warrant a diabetes diagnosis.
70-100	Normal	The American Diabetes Association recommends a routine screening for type 2 diabetes. If the results are normal, the screening should be repeated every 3 years.

Serum Creatinine <small>Creat-125</small>	0.84 mg/dL	0.7 - 1.1 mg/dL 1 - 4 days: 0.3 - 1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0
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Comment: Creatinine is the product of creatine metabolism. It is a measure of renal function and elevated levels are observed in patients typically with 50% or greater impairment of renal function.

CLINICAL PATHOLOGY

POST PRANDIAL URINE SUGAR (PPUS) NIL

Dr. JAYAPRAKASH H.T
 MD (Path)

Printed by: Microsoft

**** End of Report ****

Printed by: PaperKart 01/05/2024 at 02:23 PM



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**2D - ECHO CARDIOGRAPHIC STUDY**

NAME:	MRS. BINDU P	DATE:	01.05.2024
AGE:	50 YRS	ID. NO:	--
SEX:	FEMALE	REFERRED DR:	UNION BANK

M-Mode				
LEFT ATRIUM		33		mm
AORTA		23		mm
RIGHT VENTRICLE		--		mm
LEFT VENTRICLE (Diastole)		48		mm
LEFT VENTRICLE (Systole)		30		mm
VENTRICULAR SEPTUM (Diastole)		8		mm
VENTRICULAR SEPTUM (Systole)		13		mm
POSTERIOR WALL (Diastole)		9		mm
POSTERIOR WALL (Systole)		14		mm
END DIASTOLIC VOLUME		106		ml
END SYSTOLIC VOLUME		36		ml
STROKE VOLUME		70		ml
FRACTIONAL SHORTENING		35		%
EJECTION FRACTION		65		%
DOPPLER / COLOR FLOW				
MITRAL VALVE	E- 0.7	A -0.6	m/sec	NO MR
AORTIC VALVE	1.1	-	m/sec	NO AR.
TRICUSPID VALVE	-	-	m/sec	NO TR
PULMONARY VALVE	0.9	-	m/sec	NO PR



2D - ECHO CARDIOGRAPHIC STUDY

- NORMAL CHAMBERS.
- NORMAL CARDIAC VALVES.
- NO REGIONAL WALL MOTION ABNORMALITY.
- IAS / IVS INTACT, AORTA & PULM. ARTERY NORMAL
- NO VEGETATIONS, PERICARDIUM NORMAL.
- NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.
- LVEF - 65%.

IMPRESSION:

- NORMAL STUDY.


DR .B. K. RAGHUNANDAN
CARDIOLOGIST



NAME : Mrs. BINDU P
AGE / SEX : 50 Yrs / Female
REFERRED BY : SELF

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DATE OF REPORT : 01-05-2024 at 10:00 AM

CHEST X-RAY (PA VIEW)

Visualized lung fields are normal.

Bilateral CP angles and domes of diaphragm are normal.


Bilateral hila are normal.

Cardiac configuration is normal. Unfolding of aorta.

Bony thoracic cage is normal.

IMPRESSION:

- No significant abnormality is detected.


Dr. Hemanandini, VN MDRD
MBBS, MD
Consultant Radiologist

**** End of Report ****

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AGE / SEX : 50 Yrs / Female
REFERRED BY : SELF
REF CENTER : UNION BANK

REG / LAB NO. : 24050008 / 27508
DATE OF REPORT : 01-05-2024 at 11:09 AM

ABDOMEN AND PELVIS ULTRASOUND SCAN

Liver: Normal in size and echogenicity. No obvious focal lesions seen. No IHBR dilatation noted. CBD not dilated. Portal vein: Normal.

Gallbladder: Well distended. No calculus. Wall thickness is normal.

Pancreas: Normal in echotexture. No evidence of duct dilatation or calcification. No peripancreatic collection.

Spleen: Normal in size and echotexture. No focal lesions

Kidneys: Bilateral kidneys are normal in size, shape and texture. No calculi / pelvi calyceal dilatation.

Right kidney: Measures 97 x 11 mm. (Bipolar length x parenchymal thickness)

Left kidney: Measures 106 x 12 mm. (Bipolar length x parenchymal thickness)

Urinary Bladder: Distended. No UVJ calculus. Normal wall thickness.

Uterus: Retroverted and measures, 57 x 70 x 60 mm.

Endometrium: Thickness is 13 mm.

Myometrium: No obvious focal lesion.

Both ovaries are normal in size and echogenicity.

Right ovary: 31 x 18 mm.

Left ovary: 33 x 13 mm.

No fluid seen in pouch of Douglas.

No ascites.

IMPRESSION:

- No significant abnormality detected in the ultrasonography of abdomen and pelvis.



Dr. Hemanandini, VN MDRD

MBBS, MD
Consultant Radiologist

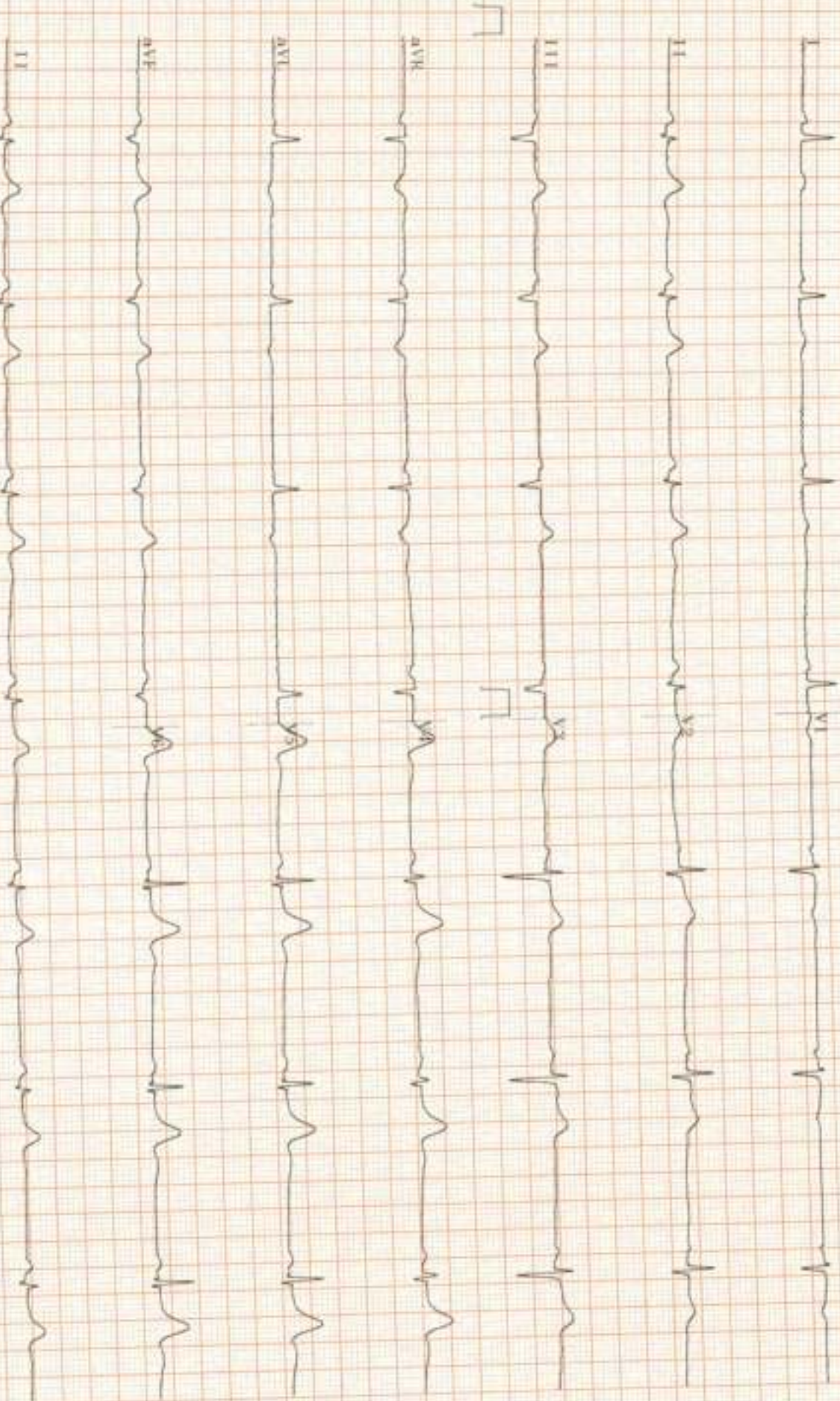
ID : Bindu

Heart Rate: 48bpm \neq Analysis Result \neq (To be finally confirmed by cardiologist)

Prescribed by: *Prabha*

Name: Bindu
Age: /
Sex: F
Weight: 50 kg

PR Int.: \neq 85 PAC(Pronature Atrial Contraction)
QRS Dur.: 80 ms Normal Axis
QT/QTc: 492/410 ms LAF(Left Atrial Enlargement)
P-R-T axes: Inferior MI
55 -14 74 (Markedly Abnormal ECG)



CERTIFICATE OF MEDICAL FITNESSNAME: Mrs BINDU. P.AGE / GENDER: 50 yrs / Female.HEIGHT: 159 cm.WEIGHT: 66 kg.IDENTIFICATION MARK: A black mole on (L) side of neck.BLOOD PRESSURE: 110/70 mm/Hg.PULSE: 68 /min.

CVS:

RS: Normal.ANY OTHER DISEASE DIAGNOSIS IN THE PAST: Hypothyroidism sinceALLERGIES, IF ANY: nil 15 yrs.LIST OF PRESCRIBED MEDICINES: T. Thyronorm 1-0-0.ANY OTHER REMARKS: nil.

I certify that I have carefully examined Mr. / Mrs. Mrs Bindu Son / daughter of Ms. Mrs. Veluputhiran Namb Who has signed in my presence, He / she has no physical disease and is fit for employment.



Signature of candidate

Signature of Medical Officer

Place: Ishadiagnostics.Date: 01/05/2024.

Disclaimer: The patient has not been checked for COVID. This certificate does not relate to the covid status of the patient examined.